## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS



# **Public Safety Services**



DATE: July 18, 2014

TO: All Property Protection Contractors

FROM: Office of State Fire Marshal

**Licensing Section** 

RE: Background Checks for Property Protection Endorsements

Employee(s) and Owner(s)/Principal(s) **Licensing Section Memo 1-2011** 

This is to advise that <u>all</u> property protection firm principals/owners and employees must provide this office with a fingerprint card for a background check. The fingerprint card must be completed by a local or state law enforcement agency. At the time of fingerprinting, the applicant must show current driver's license or picture identification to the law enforcement agent conducting the fingerprinting.

The fee for processing a fingerprint background check is \$\frac{\$42.50}{}\$ per person. Please make company check or money order payable to Department of Public Safety and submit to Office of State Fire Marshal, 8181 Independence Blvd, Baton Rouge, LA 70806 with your company check or money order, disclosure forms and fingerprint card.

## Pay to the Order Only to:

Department of Public Safety

#### **Remittance Address:**

Office of State Fire Marshal Attn: Licensing Section 8181 Independence Blvd. Baton Rouge, LA 70806

Attached is the application which must be completed for each individual and mailed with the licensing application to the Office of State Fire Marshal. Failure to do so within 14 days after receiving firm/employee license application will result in a Cease & Desist Order issued to your firm/employee(s).

<u>PLEASE</u> <u>NOTE</u>: You will obtain the fingerprint card from your local or state law enforcement agency at the time of fingerprinting and the agency may charge for this transaction.

Is Yours Working"??
Smoke Detectors Save Lives!!
OFFICE OF THE STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(225) 925-4911 1-800-256-5452

## ATN and SID# FOR OFFICIAL USE ONLY

ATN#	SID#	
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# APPLICANT PROCESSING – DISCLOSURE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

P		. 66614 (MAIL N ROUGE, LA	70896		
			LSPAPP3/R09.10		
Office of the State Fire Marshal					
AGENCY/BUSINESS OR INDIVIDUAL NAME 8181 Independence Blvd.  MAILING ADDRESS			NOTICE: PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE. INCOMPLETE FORMS WILL NOT BE		
CITY	STATE	ZIP CODE	-		
NAME		DATE OF BIRTH	RACE SEX		
SOCIAL SECURITY NUMBER		_			
ALL INFORMATION RELEASED M AUTHORIZED BY LAW TO RECEI			CONFIDENTIAL AND ONLY THOSE MAY SUBMIT A REQUEST.		
DO NOT WRITE BELOW THIS	LINE: (F	or Bureau of Crin	ninal Identification and Information Use Only)		
	ecords dat	abase as is avai	story check is based on a review of the State lable at the time of request. This does not not available in our database.		
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**Louisiana State Police** 

**Bureau of Criminal Identification and Information** 

P. O. Box 66614 (Mail Slip A-6)

Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$16.50 FEE. (Cashier Check, Business Check with pre-printed business name or Money Order)

\*\* FORMS MUST BE FILLED OUT IN INK AND BE REVIEW BY SUBMITTING AGAENCY/INDIVIDUAL FOR ACCURACY\*\*

\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

		*****PI	LEASE PRINT****					
Office of the State Fire Mars	hal							
Attn: Licensing Section			Michael A. Polito					
AGENCY, FACILITY OR INDIVIDUAL		AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL						
8181 Independence Blvd.				TOTALLE TELTEST	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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MAILING ADDRESS			SIGNATURE OF AUTHOR	IZED REPRESENTA	TIVE/INDIVIDUAL			
Baton Rouge	LA	70806	225-925-3655					
CITY	STATE	ZIP	AGENCY, FACILITY OR I		ENUMBER			
			mike.polito@la.go	V				
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Request For: (pick one only)			<u> </u>					
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□ COURT ORDER ADOPTION			-		NV/PHRLIC TAG			
□ CRIMINAL JUSTICE EMPLOYEE			□ OMVT – AUTO TITLE COMPANY/PUBLIC TAG AGENT					
□ DAYCARE			□ PHARMACY BOARD					
□ DENTISTRY BOARD			□ POST SECONDARY EDUCATION					
□ DCFS ABUSE/NEGLECT INVEST	IGATION	N	□ PRACTICAL NURSING					
□ DCFS CARETAKER			□ PRIVATE ADOPTION					
□ DCFS FOSTER/ADOPTIVE			□ PRIVATE INVESTIGATORS					
DCFS PERSONNEL			□ PRIVATE SECURITY					
□ EMPLOYERS			□ PUBLIC HOUSING					
□ FIREFIGHTERS			□ REGISTERED NURSING					
X FIRE MARSHAL			□ RELIGIOUS ACTIVISTS					
□ GAMING			□ RIGHT TO REVIEW					
☐ HEALTH CARE PROVIDER (Non	Licensed)	)	□ SCHOOL					
□ JUVENILE DETENTION CENTER			□ SUPREME COURT COMMITTEE BAR ADMISSION					
□ LA BOARD CHIROPRACTIC EXA	AMINERS	S	□ TAXI DRIVERS					
□ LA PHYSICAL THERAPY BOARI	D			□ TESS WINDOW TINT				
□ LA STATE BOARD SOCIAL WOR	RK EXAM	IINERS	□ USED MOTOR VEHICLE COMMISSION					
□ MEDICAL EXAMINERS			□ VOLUNTEER LOUISIANA COMMISSION □ WORKING WITH CHILDREN					
□ MENTAL HEALTH COUNSELOR	S		□ WORKING WI	TH CHILDREN				
APPLICANT'S FULL NAME:								
****PRINT – USE INK**** LA	ST		FIRST		MIDDLE			
(INCLU	DE MAII	DEN NAM	IE & PREVIOUS MARI	RIED NAMES IF	APPLICABLE)			
APPLICANT'S SIGNATURE:					,			
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APPLICANT'S SOCIAL SECURIT	Υ #·			DATE OF BIR	TH:			
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POSITION OR LICENSE APPLIED FOR: Property Protection Owner/Principal or Employee License								

## AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION